

Please type a plus sign (+) inside this box

PTO/SB/05 (08-00)  
Approved for use through 10/31/2000. OMB 0651-0032  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **05533.0002.NPUS00**  
First Inventor **LESTER, Linda Kalustian**  
Title **SAVORY GLUTEN-FREE FOODS**  
Express Mail **EL615430881US**

## APPLICATION ELEMENTS

### ADDRESS TO:

Commissioner for Patents  
Mail Stop: Patent Application  
Alexandria, VA 22313-1450

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **22** ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross reference to Related Applications
  - Statement Regarding Fed Sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets **\_\_\_** ]
5. ☒ Oath or Declaration [Total Pages **3** ]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuational divisional with Box 17 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
1. ☐ English Translation Document (if applicable)
2. ☐ Information disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
3. ☐ Preliminary Amendment
4. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
5. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
6. ☒ Other: Check for **\$482.00**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **/**

Prior application information: Examiner **Group I Art Unit:**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **27194** or ☐ Correspondence address below

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Country **USA** Telephone **(650) 463 8109** Fax **(650) 463 8400**

NAME (Print/Type)

**Albert P. Halluin/Katharine Altemus**

Registration Nos.

**25,227/51,396**

Signature

*Albert P. Halluin*

Date

**January 20, 2004**

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# FEE TRANSMITTAL For FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$482.00)

## Complete if Known

Application Number	Not Yet Assigned
Filing Date	January 20, 2004
First Named Inventor	Linda Kalustian LESTER
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	05533.0002.NPUS00

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																	
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b> Deposit Acct. No. <b>08-3038</b> Deposit Account Name <b>Howrey Simon Arnold &amp; White, LLP</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Albert P. Halluin/Katharine Altemus	Registration No. (Attorney/Agent)	25,227/51,396
Signature		Telephone	(650) 463 8109
		Date	January 20, 2004

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